## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

11321

|   |                | CLAIMS AS                                 | S FILED -<br>(Column                    |                      | (Column 2)                      |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN SMALL ENTITY |                        |
|---|----------------|---|---|----------------------|---------------------------------|------------------|-----|---------------------|------------------------|----|-------------------------|------------------------|
| TOTAL CLAIMS  |                |   | 7/2                                     |                      |                                 |                  |     | RATE                | FEE                    |    | RATE                    | FEE                    |
| FOR   |                |   | NUMBER FILED                            |                      | NUMBER EXTRA                    |                  |     | BASIC FEE           | 370.00                 | OR | BASIC FEE               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |                |   | ひ minus 20=                             |                      | *                               |                  |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |                |   | 2 minus 3 =                             |                      | *                               |                  |     | X42=                |                        | OR | X84=                    |                        |
| MULTIPLE DEPENDENT CLAIM P  |                |   | RESENT                                  |                      |                                 |                  |     | +140=               |                        | OR | +280=                   |                        |
| * If  | the difference | in column 1 is                            | less than zero, enter "0" in            |                      |                                 | column 2         |     | TOTAL               | 706                    | OR | TOTAL                   | zlo                    |
|   | AC             | LAIMS AS A                                | AMENDED - PART II (Column 2) (Column 3) |                      |                                 |                  |     | SMALLE              | ENTITY                 | OR | OTHER<br>SMALL          | THAN                   |
| AMENDMENT A   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total          | . 20                                      | Minus                                   | ** 2                 | <i>0</i>                        | =                |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent    | . 8                                       | Minus                                   | ***                  |                                 | =                |     | X42=                |                        | OR | X84=                    |                        |
|   | FIRST PRESE    | NTATION OF M                              | ULTIPLE DE                              | PENDEN               | TCLAIM                          |                  | ן נ | +140=               |                        | OR | +280=                   |                        |
|   |                |   |   |                      |                                 |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE     |                        |
| (Column 1) (Column 2) (Column 3)  |                |   |   |                      |                                 |                  |     |                     |                        |    |                         |                        |
| AMENDMENT B   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUM<br>PREV          | HEST<br>MBER<br>NOUSLY<br>FOR   | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total          | *   | Minus                                   | **                   |                                 | =                |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent    | *   | Minus                                   | ***                  | T CL AIN                        | =                | 1   | X42=                |                        | OR | X84=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                |   |   |                      |                                 |                  | ٤   | +140=               |                        | OR | +280=                   |                        |
|   |                |   |   |                      |                                 |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE     |                        |
|   |                | (Column 1)                                | 4.7                                     | (Colu                | ımn 2)                          | (Column 3)       | _   |                     |                        |    |                         |                        |
| AMENDMENT C   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUI<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total          | *   | Minus                                   | **                   |                                 | =                |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent    | *   | Minus                                   | ***                  |                                 | =                |     | X42=                |                        | OR | X84=                    |                        |
|   | FIRST PRESE    | ENTATION OF M                             | IULTIPLE DI                             | EPENDEN              | IT CLAIN                        | 1                | ְ ע | +140=               |                        | OR | +280=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                |   |   |                      |                                 |                  |     |                     |                        | OR | TOTAL                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |   |   |                      |                                 |                  |     |                     |                        |    |                         | <b></b>                |